DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor(s), I/we hereby declare that: My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INTERACTIVE MEDICAL TRAINING SYSTEM

the specification of which(c	heck one)		
[X] is attached h			
[] was filed on		as Application Serial N	ο.
I hereby state that I have r above-identified specificati any amendment referred to ab	on, including the		ıe
I acknowledge the duty to di the examination of this appl of Federal Regulations, §1.5	ication in accor		Đ
I hereby claim the benefit using United States application subject matter of each of the disclosed in the prior United provided by the first paragratical I acknowledge the duty to distill 37, Code of Federal Restate filing date of the prior international filing date of	en(s) listed belowed claims of this described States applicate aph of Title 35 sclose material egulations, §1.56 application and	ow and, insofar as the sapplication is not ation in the manner, United States Code, §112 information as defined in 5(a) which occurred between the national or PCT	2, a
Application Serial No.	Filing Date	 Status	

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: W. Brinton Yorks, Jr. (Reg. #28,923), Frederick J. McKinnon (Reg. #28,240), Jack E. Haken (Reg. #26902), and Michael E. Marion (Reg. #32,266).

Address all telephone calls to W. Brinton Yorks, Jr. at telephone no. (425) 487-7152.

Address all correspondence to W. Brinton Yorks, Jr., ATL Ultrasound, Inc., 22100 Bothell Everett Highway, P.O. Box 3003, Bothell, Washington 98041-3003.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature:

Full Name of First or Sole Inventor:

Mot. Kelly

Gyna E. Kelly

te: September 24,200/

Citizenship: Canada

Residence: 13413 - 68th Avenue SE, Snohomish, WA 98296

Post Office Address: same

Inventor's Signature:

Full Name of Second Inventor:

David R. Levesque te: Sept 24, 2001

Citizenship: United States

Residence: 2020 - 266th Place SE, Sammamish, WA 98075

Post Office Address: same